

MAY 12 2004

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Number of pages including this cover sheet: **3**
Date: **May 10, 2004**
From: **Guy Houle**
Telephone: **(514) 847-4321**
Direct Fax: **(514) 288-8389**
E-Mail: **ghoule@ogilvyrenault**

To	Company	City	Fax No.
Refund Department	USPTO	Alexandria, VA U.S.A.	703 872 9306

Message

Your Ref.: U.S. Patent Application No. 10/667,438, filed September 23, 2003

Our Ref.: 16215-IUS GH/mb

Barristers & Solicitors
Patent & Trade-Mark Agents

1981 McGill College Avenue
Suite 1100
Montréal, Quebec
Canada H3A 3C1

Telephone (514) 847-4747
Fax (514) 286-5474
ogilvyrenault.com

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Direct Dial: (514) 847-4321
ghoulc@ogilvyrenault.com

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CONFIRMATION BY MAIL

Montréal, May 10, 2004

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MAY 12 2004

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Attention: Refund Department

Dear Sir:

RE: United States Patent Application
No. 10/667,438, filed September 23, 2003
MATTRESS LEG REST SECTION FOR AN ARTICULATABLE BED
CONVERTIBLE TO A CHAIR POSITION
Inventor: René, Pierre
Our Ref.: 16215-1US GH/mb

The above-noted applicant is entitled to the Small Entity status.

Kindly substitute the attached corrected Fee Transmittal form, on which the filing fees are indicated for a Small Entity, for the Transmittal Fee form at present on file.

We would ask the Patent Office to refund our Account No. 19-5113 in the amount of US\$ 446.

We look forward to receiving confirmation that this has been attended to.

Respectfully submitted


Guy Houle
Registration No. 24,971

GH/mb

Encl.: - corrected Transmittal Fee form

Patent Agents & Trade-mark Agents

Suite 1600
1981 McGill College Avenue
Montréal, Quebec H3A 2Y3
Canada

Telephone (514) 847-4747
Fax (514) 288-8389

ogilvyrenault.com

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FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/667,438
		Filing Date	September 23, 2003
		First Named Inventor	RENÉ, Pierre
		Examiner Name	
		Art Unit	
		Attorney Docket No.	16215-1US GH/mb
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	466	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-5113 Deposit Account Name: OGILVY RENAULT The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Guy J. Houle	Registration No. (Attorney/Agent)	24,971
Signature		Telephone	(514) 847-4321
		Date	September 22, 2003